

Santa Fe County

205 Montezuma, P.O. Box 276

Santa Fe, NM 87504

Phone: (505) 992-9880

Fax: (505) 992-9895

www.co.santa-fe.nm.us



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

NAME - Last	First	Middle	Home Phone () -
ADDRESS Street	Mailing		Business or Message Phone () - Ext.
City	State	Zip Code	Please list any different name you have used for school or employment

EACH POSITION YOU APPLY FOR REQUIRES A SEPARATE APPLICATION

POSITION APPLIED FOR - Give exact title.

1. Position Title
2. Do you have a valid Driver's License?: Yes <input type="checkbox"/> No <input type="checkbox"/> Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other <input type="checkbox"/> State Of Issue: _____ License Number: _____
3. Have you been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide dates: _____
4. Have you previously worked or do you now work for Santa Fe County? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide dates: _____ <i>Employment records for former and current County employees will be made available to hiring officials upon request</i>
5. Does Santa Fe County employee any relative of yours? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, (1) Name: _____ (2) Name: _____ Relationship: _____ Relationship: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

THE COMPLETION OF THIS APPLICATION REPRESENTS YOUR ABILITY TO PROVIDE WRITTEN COMMUNICATION AND FOLLOW DIRECTIONS. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

IF HIGH SCHOOL/GED OR COLLEGE EDUCATION IS REQUIRED, ATTACH A COPY OF YOUR DIPLOMA, DEGREE OR APPROPRIATE TRANSCRIPTS TO EACH APPLICATION.

Type or print in dark ink. Copies are acceptable if each is clear, has an original signature, correct job title and contains required attachments. **DO NOT** submit a résumé in lieu of this application. Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for the position and assure that you meet the minimum qualifications set forth on that announcement. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

THE SELECTION PROCESS: Upon the closing date of the announcement, the Personnel Office will review all applications received to determine if applicants meet the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by the interviewing official. After all interviews have taken place and an applicant has been offered and accepted the position, the remaining applicants will be contacted by telephone or letter to be informed that the position has been filled.

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NAME - Last	First	Middle
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SCHOOLS

6. EDUCATION, LICENSES, CERTIFICATIONS Check (v) and fill in appropriate areas	High School Graduate/GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> ATTACH A COPY OF DIPLOMA OR CERTIFICATE
<input type="checkbox"/> Vocational/Technical Hours Completed:	Major / Field
<input type="checkbox"/> School - Major Field Hours Completed:	Major / Field
<input type="checkbox"/> Business School Hours Completed:	Major / Field

COLLEGE OR UNIVERSITY

7(a). UNDERGRADUATE	7(b). GRADUATE
School(s):	School(s):
Major Field(s):	Major Field(s):
Degree Earned Date Earned:	Degree Earned Date Earned:

LICENSE OR CERTIFICATE

8(a). License/Certificate issued by:	8(b). License/Certificate issued by:																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Field/Trade Specialization</td> <td style="width: 25%;">Number</td> <td style="width: 25%;">Date Issued</td> <td style="width: 25%;">Exp. Date</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Field/Trade Specialization	Number	Date Issued	Exp. Date					<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Field/Trade Specialization</td> <td style="width: 25%;">Number</td> <td style="width: 25%;">Date Issued</td> <td style="width: 25%;">Exp. Date</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Field/Trade Specialization	Number	Date Issued	Exp. Date				
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NOTE: You MUST SUBMIT required documents (copy of transcripts, licenses, certificates) with each application.

9. State any additional information you feel may be helpful to us in considering your application:

SHERIFF AND/OR FIRE APPLICANTS ONLY

10(a). Are you age 18 or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10(b). Social Security Number	- -
10(c). Driver's License Number	_____ State: _____
10(d). Are you willing to submit to a full background investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10(e). Are you willing to submit to a drug and alcohol screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10(f). Are you willing to submit to psychological testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10(g). Are you willing to submit to polygraph testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10(h). Are you willing to undergo various physical agility tests and submit to a full physical examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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NOTE: The information requested below regarding ethnicity, gender, age, veteran and disability status is **VOLUNTARY**, but is needed to assure compliance with reporting requirements of Federal Equal Employment Opportunity laws. Your cooperation is appreciated. This data will be kept in a **CONFIDENTIAL** file separate from the application for employment. It will not be seen by the interviewer.

NAME - Last	First	Middle	Social Security Number - -
Date of this Application:			

DATE OF BIRTH (MM / DD / YYYY) / /	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
VETERAN STATUS: (Check all that apply) <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Era <input type="checkbox"/> Disabled <input type="checkbox"/> Active – Full time <input type="checkbox"/> Active – Reserve/National Guard	ETHNICITY INFORMATION <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify)

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(11) EMPLOYMENT HISTORY - A résumé will not be accepted in lieu of the employment application. Begin with current or most recent job or volunteer experience and work back. If more than one position has been held with the same employer, list each separately. Describe each different assignment in military service. Under "DUTIES" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

EMPLOYMENT HISTORY

# 1	Employer's Name	Kind of Business	From (Mo/Yr) /	To (Mo/Yr) /
Employer's Address		Street/Mailing	Supervisor's Name	
City		State	Zip Code	Supervisor's Telephone Number () - Ext.
Your Job Title		Check (✓) one Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours per week:	Current or Last Hourly Pay \$ / hour	
If you supervised employees, indicate number: Give Dates: From (Mo/Yr) To (Mo/Yr) / /		Place of employment, if different from employer's address (Address) (City, State, Zip)		
Duties: _____ _____ _____				
Reason For Leaving: _____				
DO NOT WRITE IN THIS AREA			YEARS	MONTHS

# 2	Employer's Name	Kind of Business	From (Mo/Yr) /	To (Mo/Yr) /
Employer's Address		Street/Mailing	Supervisor's Name	
City		State	Zip Code	Supervisor's Telephone Number () - Ext.
Your Job Title		Check (✓) one Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours per week:	Current or Last Hourly Pay \$ / hour	
If you supervised employees, indicate number: Give Dates: From (Mo/Yr) To (Mo/Yr) / /		Place of employment, if different from employer's address (Address) (City, State, Zip)		
Duties: _____ _____ _____				
Reason For Leaving: _____				
DO NOT WRITE IN THIS AREA			YEARS	MONTHS

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NAME - Last	First	Middle
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EMPLOYMENT HISTORY (Continued)

# 3	Employer's Name	Kind of Business	From (Mo/Yr) /	To (Mo/Yr) /
Employer's Address		Street/Mailing	Supervisor's Name	
City		State	Zip Code	Supervisor's Telephone Number () - Ext.
Your Job Title		Check (✓) one Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours per week:	Current or Last Hourly Pay \$ / hour	
If you supervised employees, indicate number: Give Dates: From (Mo/Yr) To (Mo/Yr) / /		Place of employment, if different from employer's address (Address) (City, State, Zip)		
Duties: _____ _____ _____				
Reason For Leaving: _____				
DO NOT WRITE IN THIS AREA			YEARS	MONTHS

Supplemental Sheets are attached: Yes ☐ No ☐

FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET

(Last page of this form)

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

Yes ☐ No ☐

If NO, explain: _____

(12) List three professional references (Other than former employers or relatives). List Only those you will permit us to contact.

Name	Address (Mailing)	Contact Phone Number	Professional Relationship
		() - Ext.	
		() - Ext.	
		() - Ext.	

(13) SIGNATURE - Please read before signing

I hereby certify that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation or falsification, my application will be rejected; my name removed from consideration for employment and I may be dismissed if employed. I hereby authorize Santa Fe County to investigate the information contained herein and contact those previous employers I have approved.

Sign Here (In Ink): _____

Date: _____

FOR USE BY PERSONNEL OFFICE

Experience: _____
Education: _____
Comments: _____
ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Staff: _____ Date: ____/____/____

SANTA FE COUNTY APPLICATION FOR EMPLOYMENT CONTINUATION SHEET FOR EMPLOYMENT HISTORY

NAME - Last	First	Middle
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#	Employer's Name	Kind of Business	From (Mo/Yr) /	To (Mo/Yr) /
Employer's Address		Street/Mailing	Supervisor's Name	
City		State	Zip Code	Supervisor's Telephone Number () - Ext.
Your Job Title		Check (✓) one Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours per week:	Current or Last Hourly Pay \$ / hour	
If you supervised employees, indicate number: Give Dates: From (Mo/Yr) / To (Mo/Yr) /		Place of employment, if different from employer's address (Address) (City, State, Zip)		
Duties: _____				
DO NOT WRITE IN THIS AREA				
YEARS MONTHS				
Reason For Leaving: _____				

#	Employer's Name	Kind of Business	From (Mo/Yr) /	To (Mo/Yr) /
Employer's Address		Street/Mailing	Supervisor's Name	
City		State	Zip Code	Supervisor's Telephone Number () - Ext.
Your Job Title		Check (✓) one Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours per week:	Current or Last Hourly Pay \$ / hour	
If you supervised employees, indicate number: Give Dates: From (Mo/Yr) / To (Mo/Yr) /		Place of employment, if different from employer's address (Address) (City, State, Zip)		
Duties: _____				
DO NOT WRITE IN THIS AREA				
YEARS MONTHS				
Reason For Leaving: _____				

Supplemental Sheets are attached: Yes ☐ No ☐

FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET (SFC Appl employ hist cont)